

Moorcare Devon Limited

Moorcare Devon Ltd

Inspection report

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Ratings

| | | |
|---------------------------------|------|---|
| Overall rating for this service | Good |  |
| Is the service safe? | Good |  |
| Is the service effective? | Good |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

The inspection took place on 3 and 4 November 2015 and was announced.

Our previous inspection visit in December 2013 found that the service was meeting the requirements we looked at.

Moorcare Devon Ltd is an agency based in Tavistock which provides assistance with people's personal care needs in their own home. They also provide personal care

for up to six people living in a supported living setting. People who use the service are over 18 years of age. There were 27 people receiving personal care from Moorcare Devon Ltd at the time of the inspection.

There was a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff employed to meet people's needs who were recruited in a safe way, trained and supervised, to provide the service which people needed. Staff said they felt supported and always had a senior staff member they could consult.

People were protected from abuse and harm because staff understood their responsibilities and if they had concerns they contacted the right authorities.

Risks to people's health and welfare were assessed and managed in their best interest. Where there were health care concerns staff ensured health care professionals were contacted.

People were very satisfied with the help they received with their medicines.

People were involved in decisions about their care and no care was delivered without their consent.

People and their family members told us, "The girls are all very pleasant"; "They're very, very good and very caring. The carer's way with mum is very nice." People said care workers treated them with respect and dignity and ensured their privacy was upheld when receiving care.

People's care needs and wishes were described in their plan of care and the registered manager and the care workers knew people's individual preferences and tried to meet them.

People said they knew how to make a complaint and felt their views would be listened and responded to.

People's views were sought through surveys and face to face meetings with care workers and the registered manager. Where any potential improvement was identified this was provided where possible. The registered manager understood and promoted strong team work so they had a committed and competent staff team to meet the needs of people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood how to protect people from abuse and harm.

Risks to people's health and welfare were assessed and managed.

Medicine management helped people receive their medicines as required.

People were protected through the staffing arrangements, which were flexible to meet their needs.

Recruitment practice protected people from staff who might not be suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

Staff induction, training and supervision ensured the support and knowledge staff needed for their role.

Staff sought people's consent to care and support before providing it.

Staff took action if they felt a person was not receiving an adequate diet.

Health care professionals were contacted where necessary to promote people's health and welfare.

Good



Is the service caring?

The service was caring.

People received attention from care workers who were kind and treated them with respect and dignity.

People liked to have the care workers visit as they were familiar and friendly.

People's views about the care they received were taken into account at each visit.

Good



Is the service responsive?

The service was responsive.

People were involved in the planning of their care and each person had an individualised care plan in place for care workers to follow.

People were treated as individuals and supported in a person centred way. They were supported to maintain their independence and continue to live at home.

Complaints had been used as a way to improve the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Care workers received support and were actively encouraged to engage with each other towards improved team work.

The registered manager/provider had systems in place to check the quality and safety of the service. These included consulting people using the service and good communication with staff.

Moorcare Devon Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Health and Social Care Act 2014.

The inspection took place on 3 and 4 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. Before our inspection, we reviewed the information in the PIR along with information we held about the agency, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We sent questionnaires to 15 people using the service and 15 friends and relatives to obtain their views about the care provided. We received nine responses from people using the service and three responses from friends and relatives. We spoke with one social care professional to obtain their views about the care provided by the service.

During our inspection we visited three people who used the service. We checked if their regime of medicines was being administered safely and looked at their care records. We also spoke with two family members to gain their opinion of the service. We looked at two other care records.

We spoke with six staff who provided care and the registered manager. We looked at three care staff files and policies which related to the running of the agency, such as medicine administration and quality monitoring. We looked at the agency's survey results from 2015.

Is the service safe?

Our findings

Each person who completed a survey prior to this inspection said they felt safe from abuse and or harm from their care workers.

There were recruitment and selection processes in place to protect people from staff who might be unsuitable to work with vulnerable people. Information about potential staff was sought although in one case this had not included evidence of their qualifications in care. The registered manager had however, known them prior to their application. There was no confirmation of physical or mental health conditions which might be relevant to the care work; the registered manager said this would immediately be reviewed.

Recruitment files of recently recruited staff included completed application forms and interview records. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A recently employed staff member confirmed that all the checks had been completed before they were allowed to start working with people and this had included evidence of their driving history.

Care workers knew what might constitute abuse and knew where they should go to report any concerns they might have. For example, they knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). They had contacted the local authority safeguarding team when concerns had been raised about a person's welfare needs not being met. Staff said they had received safeguarding training and had policies in place for their reference if needed. The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities.

Each person who completed a survey toward this inspection said they received care and support from familiar, consistent care workers, who arrived on time and stayed for the agreed length of time. The agency's survey results stated that care workers had enough time during a visit, which was confirmed by people we visited. One

person said, "Very reliable. I have never been let down." Staff felt there was enough staff to provide the necessary care although it was mentioned that staff in the supported living unit sometimes found it difficult to provide individual care when doing other tasks, such as cooking a meal. The registered manager did not believe this was a problem because people's needs at the unit were not high.

The registered manager said, "We have increased staffing because we have started to pay travel time for all the time carers are travelling. This has ensured we have more regular and consistent staff which improves quality of care." There had been some staffing difficulties earlier in 2015 during which time the registered manager provided hands on care and covered many of the visits to ensure people's needs were met appropriately. They said they now had the number of care workers needed to meet all the required visits. There were always additional staff to stand in should staffing shortfalls occur due to unforeseen circumstances.

People said they received help with medicines in the way they wanted and were happy this was working well. Staff who helped people with their medicines had received training in how to do this safely. There was a policy in place for their reference. When a medicine was administered or prompted this was signed for by the staff member. The level of this support varied according to the person's abilities and requests on the day.

The agency used its own medicine administration recording system in the community. This meant care workers were hand transcribing the type, dose and time of the medicine from the pharmacy instructions. These had not been signed by the staff member and had not been checked by a second person for accuracy. The registered manager said this would be reviewed in light of good practice in safe medicine administration. They said they audited medicines used each time the medicine record charts were returned to the office, which was every two weeks, and so the standard of support people received with their medicines was monitored.

Staff told us they had the protective clothing they required to prevent cross infection. People using the service confirmed staff used the protective clothing and washed their hands before and after providing their care.

Each person had individual risks assessed as part of their initial and on-going assessment of needs. These included

Is the service safe?

the risks of pressure damage, mobility and risk of falls. Any accidents or incidents were recorded and reviewed by the registered manager, although this did not include an overview of accidents in general.

There were arrangements in place in case of emergency. The registered manager understood, and had records of, the level of care each person required. This meant those in most need could be prioritised, for example, in case of

extreme weather conditions. She said the service would be “needs driven” and a four wheel drive vehicle could also be made available to transport care workers. Each staff member received first aid training every three years. The agency had good relations with some local agencies and would contact them should illness, or other events, affect staffing numbers significantly.

Is the service effective?

Our findings

People received an effective service from care workers who were trained and supported.

Each of the people who completed a Care Quality Commission (CQC) survey said that the support and care they received helped them to be as independent as possible. Each of the three family members said the care and support workers had the right skills and knowledge needed. The agency's recent survey results showed that people thought care workers understood their care needs and seemed to know what they were doing.

Staff said they were happy the training they received equipped them for their role. Each staff member received an induction to their work when recruited. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people using the service. One added that within a few days of starting with the agency they had received training in first aid, medicine management and moving people safely. Care workers said they were able to shadow an experienced care worker for several shifts before working alone. They felt this was adequate.

The registered manager was keen to use the recently introduced Care Certificate as a method of induction for care staff. She felt all staff would benefit from this and had produced individual folders for staff to keep. A computerised system was in place to ensure no updated training was missed. Training included food hygiene, health and safety and infection control. When care workers had asked for help to support a person with mental health needs, the registered manager had arranged for an expert to discuss that person's need with them. They said this had made a positive difference to the care they were providing.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. We were told each staff member has a face to face supervision followed by observation of them working. Staff confirmed they received the supervision and support.

Staff did not fully understand how to work within the Mental Capacity Act (MCA) but this had not impacted on the care and support people received. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager said there was only one person using the service who lacked capacity to make some decisions. We found those decisions did not relate to the personal care they received and so were not relevant to the inspection. Care workers understood people's right to consent to their care. People confirmed that care workers always asked them before providing any care and support.

Records showed that the agency understood the importance of helping people meet their dietary needs. For example, they had worked with people's family to ensure foods the person liked and was most likely to eat where available for them. Staff had also raised concerns about people's poor diet with health care professionals so as to ensure something was put in place to protect the person.

People were supported to meet their health care needs. For example, people living in the supported living unit were assisted to attend health care appointments. Care staff working in the community contacted people's GPs, district nurses or other relevant health care professionals if they had concerns about the person's health and welfare.

Is the service caring?

Our findings

Each person who completed a CQC survey toward this inspection said they were treated with respect and dignity and care workers were caring and kind. People told us that when receiving personal care their privacy was upheld. They described how care workers ensured curtains were closed before they provided personal care. The agency's survey results showed all the people who responded said staff were polite, respectful and helpful.

People and their family members told us, "The girls are all very pleasant" and "They're very, very good and very caring. The carer's way with mum is very nice."

People's wishes were respected. The registered manager said they included in every assessment whether the person wanted their care provided by male or female care workers, and this was respected. They said their staff training in equality and diversity was being extended to include all staff. They gave an example of when a person, who had previously used the service, asked staff to work in accordance with their religious observations and so the care workers had removed their shoes for each visit, as requested.

The agency's survey results showed that when providing personal care the care workers were careful so they did not

hurt the person in any way. One person's family member said care workers always apologised for having to move their mother as they knew this was not always a comfortable experience for her due to a health condition.

The registered manager said they liked to personally introduce new care workers to people using the service when this was possible. They named certain people using the service where this was done without exception because those people's needs were complex and they had anxieties about the care workers visiting them. A recently appointed care worker confirmed this had been the case when they visited people.

Each person who completed a CQC survey toward this inspection said they were involved in decision-making about their care and support needs. People said the registered manager had initially come to see them to find out what they needed and wanted from the visits. People's care records showed they had been consulted about their care and involved in decisions about how their care would be provided. People had signed their agreement. Their care was reviewed when any changes occurred or every six to 12 months. One person said staff never left them before asking, "Is that alright? Is that comfortable?"

The registered manager said they did not accept people who required end of life care but would ensure any people using the service who reached that part of their life would receive the service.

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes.

Records showed that agency staff did what they could to ensure people's well-being and welfare were promoted. For example, maintaining contact with people's family members where appropriate, listening to suggestions for improvement and protecting people where they believed they were at risk. Care workers had stayed longer at a visit when a person was "struggling" with their mobility. One person wanted to build a relationship with the agency slowly so they could gain confidence in the care workers who visited. One person had run out of continence products and an agency worker went to buy them some to overcome this difficulty.

Each person had a plan of how their care was to be delivered. Care plans are a tool used to inform and direct staff about people's health and social care needs. The care plans included what physical care the person required and how to provide this in a way which was acceptable to them. The plans had been developed with the person. This was following an initial assessment of their needs by the registered manager and family members, if they were involved in the person's care. People might also have a local authority assessment of their needs where the local authority was financing their care visits. We discussed the three care plans and risk assessments with the people we visited. They told us the plans were an accurate reflection of their care needs and how care workers met them.

When people's needs changed their care plan was updated to reflect this. For example, one person's mobility had decreased and they then required two care workers and equipment to move safely. The person's family member confirmed the registered manager had visited each time a different staff member used the hoist for the first time to ensure this was done correctly and safely. Records showed that each person had a detailed plan of how care workers were to assist their movement in a safe way.

Most of the people who completed a CQC survey toward this inspection said the staff at the care agency responded well to any complaints or concerns. Each of the family or friends who completed a CQC survey said the agency responded well to any complaints or concerns they raised.

The agency's survey results included that all had a copy of the service user's guide and complaints procedure and they know how to make a complaint. People we met said they did not have cause to make a complaint but they felt any complaint or concern would be listened to and acted upon. One person had some "little things" they wanted to be improved, such as making sure the telephone was in reach before they left but they had not informed the registered manager so this shortfall could be addressed.

The one complaint the agency received during 2015 had been responded to within the timescale stated in the complaints procedure. We were unable to confirm with the complainant whether they had been satisfied with the result.

Is the service well-led?

Our findings

People were very satisfied that the agency was well-led and the registered manager had a very good knowledge of the people who received the service and their needs. One person told us, "The service is absolutely brilliant." People's comments from CQC survey results included, "I have had Moorecare for years and I can't praise them enough"; "I find just one carer a bit difficult, a bit dizzy and unfriendly. The others are all lovely" and "The team now involved are really good and caring. Various changes in personnel have been good." A family member said, "Very satisfied overall with service, particularly outstanding staff." The agency's own survey results showed that 28 of the 30 people using the service would recommend to a friend or neighbour.

Each of the people who completed a CQC survey toward this inspection said information they received from the service was clear and easy to understand. However, one person we visited found the schedule of visits too difficult to read because of the size of the print. We fed this back to the registered manager.

Each of the people said they knew who to contact at the agency if they need to. Staff said there was always somebody available if they needed advice or help. One said they felt the agency was well led because, "They are always ready to listen, give guidance, and are very supportive."

Staff felt they benefitted from regular supervision of their work and attendance at staff meetings. The registered

manager also arranged regular social outings which they felt helped to produce a cohesive team. They said they recognised that lone working in the community could be isolating and staff needed time together.

Most of the people who completed a CQC survey toward this inspection said the care agency had asked what they thought about the service provided. People had the opportunity to complete an agency survey each year to give their views about the service. Those surveys were dated October 2015 and had only just been collated when we started the inspection. The surveys included questions about visits times, whether people felt listened to, did care workers know what they were doing and were they polite and respectful? The small number of negative results was to be followed up by the registered manager.

The registered manager was motivated to continuously develop the service. Examples included the introduction of the Care Certificate. The agency had produced individual folders for staff so they had reference to the information throughout and following the training. The registered manager said they wanted people to be treated like loved relatives and staff to be encouraged to speak up without concern so all involved could learn from mistakes. The registered manager had yet to produce policies and procedures in relation to the requirement for duty of candour at the beginning of the inspection but did so immediately following the inspection.